## PART B - FEE(S) TRANSMITTAL

THE STATE OF THE S	Complete and send of	this form, together wid	th applicable f	ee(s), to: <u>N</u> or <u>l</u>	Commi P.O. Bo Alexan	dria, Virg	FEE r Patents inia 22313-1450		
N. C.	INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed appropriate. About the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence additional accordance of the current correspondence additional accordance of the current correspondence additional accordance of the current correspondence address; and/or (b) indicating a separate "FEE ADDRE maintenance fee notifications.								
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  27629 7590 10/05/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	FULWIDER PA 200 OCEANGATI LONG BEACH, C		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
2/15	/2004 EAREGAY2 00000	040 10650558			Sysan P. Cueto (Depositor's name)				
	:2501 :1504				DIC. 10, 2004			(Signature) (Date)	
	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/650,558 TITLE OF INVENTION: C	08/28/2003 CARTILAGE REPAIR PLUC	3	Timothy	Simon		CHOND.65022	7602	
٠	APPLN. TYPE	SMALL ENTITY	ISSUE F	FE	PUBLICATIO	N FFF	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$685 700.00		\$300	N I LL	\$985 1000.00		
, **	EXAM	ART UNIT		CLASS-SUBC	CLASS				
	PHAN	3738		623-0234	  40				
	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
	(A) NAME OF ASSIGNEE (B) RESIDENCE:				E: (CITY and STA	ATE OR COL	INTRY)		
	Chondrosite, Inc. Los Alamitos, Càlifornia								
	Please check the appropriate	neck the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🛄 Government							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.									
	Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).					
	5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
		is requested to apply the Issue Publication Fee (if required) words of the United States Pater							
	Authorized Signature	Som No				Date 12/10/0			
	Typed or printed name Gunther O. Hanke						No. 32,989		
	mexamena, vingima 22515	on is required by 37 CFR 1.3 lity is governed by 35 U.S.C pplication form to the USPT s for reducing this burden, slyinia 22313-1450. DO NOT 1450.							



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

**Timothy Simon** 

Examiner: Hieu Phan Art Unit: 3738

Serial No.:

10/650,558

Filed:

August 28, 2003

Title:

CARTILAGE REPAIR PLUG

Certificate of Service

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria,

VA 22313-1450 on December 19, 2004

Signature:

## ISSUE FEE TRANSMITTAL LETTER

Mail Stop: ISSUE FEE Commissioner of Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Responsive to the Notice of Allowance and Issue Fee Due mailed October 5, 2004, transmitted herewith is Form PTOL.85B (with copy), a check in the amount of \$1000.00 for a Small Entity Issue Fee and Publication Fee. Please charge any additional fees required to our Deposit Account No. 21-0800.

Respectfully submitted,

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